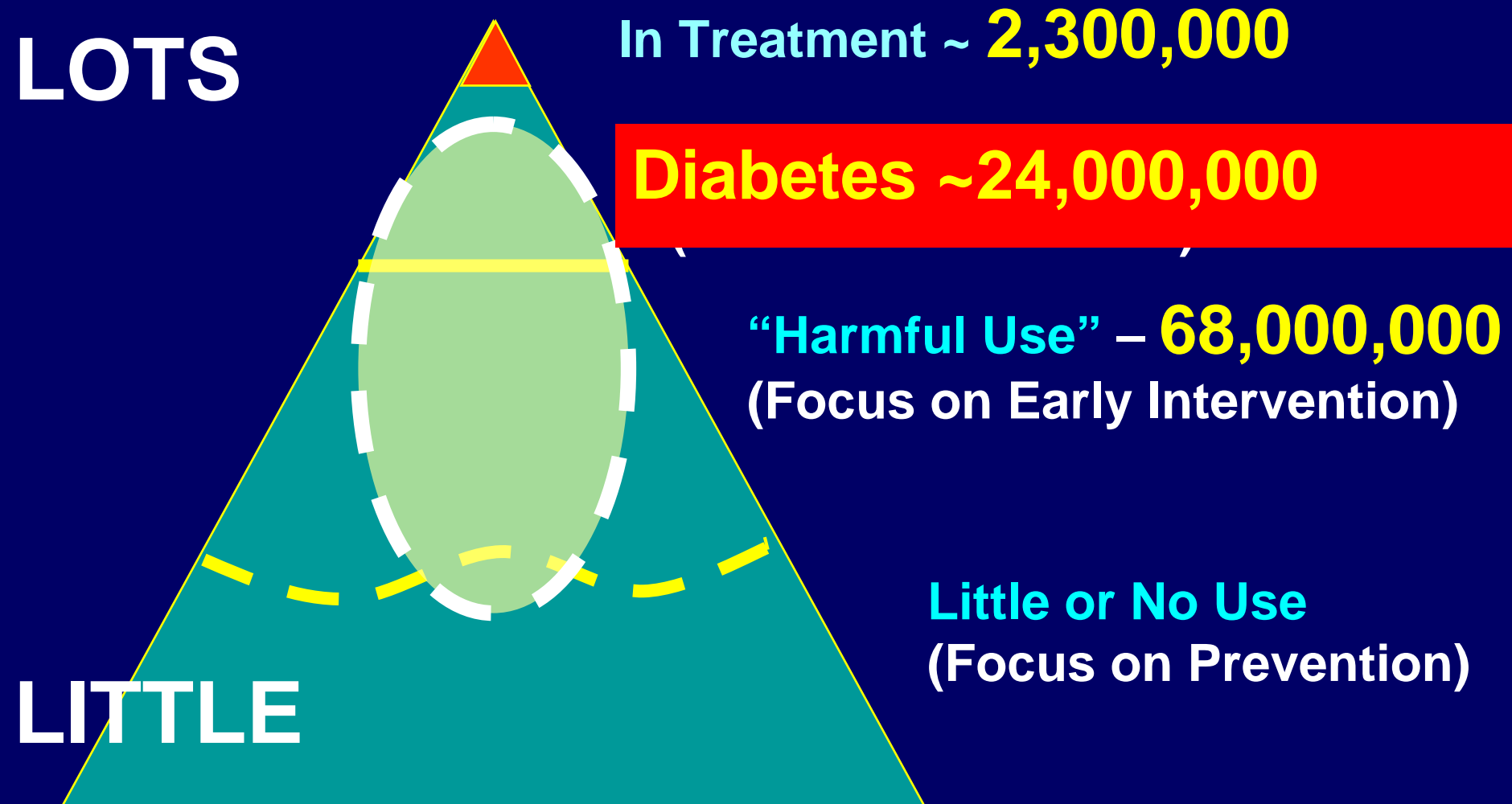


# Addressing Substance Use Disorders

**Translating Science  
To Policy In The 2010  
Drug Control Strategy**

# Different policies for different levels of Severity



# Five Priorities

1. Build National System of “Prevention Prepared Communities”
2. Train primary care to intervene early with emerging abuse
3. Improve and integrate addiction treatment into mainstream healthcare
4. Smart, safe management of drug-related offenders
5. Performance-oriented monitoring systems

# How Did We Select Priorities?

- Evidence Based Interventions
- Delivered Within Communities
- Investment in Infrastructure



# Prevention



# *Prevention Science*

- 1. Addiction has an “at-risk” period*
- 2. Risks have common antecedents – Single Interventions can produce multiple effects*
- 3. Combined interventions provide enhanced impact*
  - Now 12 Evidence Based Interventions*



⋮

# Prevention Today

10

12

15

18

21

Schools



Parents



Law Enforcement



Environmental Policies



# Prevention Tomorrow

10

12

15

18

21

Schools



Parents



Law Enforcement



Environmental Policies



# Intervention



# Major Advances in Brief Interventions

- “Harmful substance use” is accurately identified with **2 – 3 questions**.
  - Prevalence rates of **20 – 50%** in healthcare
  - **60%** of all ER admissions (10 million/yr)
- Brief counseling (**5 – 10 minutes**) by produces lasting changes & savings
  - Medicaid savings **\$8 million /year** Washington

# Treatment



# ***Behavioral Therapies***

- **Cognitive Behavioral Therapy**
- **Motivational Enhancement Therapy**
- **Community Reinforcement and Family Training**
- **Behavioral Couples Therapy**
- **Multi Systemic Family Therapy**
- **12-Step Facilitation**
- **Individual Drug Counseling**

# *Medications*

- Tobacco (NRT, Varenicline)
- Alcohol (Naltrexone, Accamprosate, Disulfiram)
- Opiates (Naltrex., Methadone, Buprenorphine)
- Cocaine (Disulfiram, Topiramate, Vaccine)
- Marijuana (Rimonoban)
- Methamphetamine – Nothing Yet



# Specialty Care

~ **12,000** specialty programs in US

**31%** treat less than 200 patients per year

**44%** have **NO** Doctor or Nurse

**75%** have **NO** Psychologist or SW

Major Prof Group is Counselor

But **50%** Turnover each year

# ***Treatment***

- 7. Integrate Addiction Treatment into Federal Healthcare Systems***
- 8. Performance Contracting in State Treatment Systems***
- 9. Consumer Choice Through Vouchers for Recovery Services***

# Recovery

**“A voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship”**

**J. Substance Abuse Trt, 2008**



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# Focus on Addiction Recovery

- **Objectives:**
  - Engage the recovery community
  - Support continuum of policies/programs
  - Remove barriers to recovery
  - Support research on recovery
  - Communicate effectively about recovery

# Community Corrections



# Opportunities to Intervene

Pre-Arrest

Pre-Trial

Prosecution

Sentencing

**~350,000 DR  
Released/year**

**~2,5 Million  
DR Offenders  
In Community**

In Prison

Re-Entry

# *Corrections*

*10. Drug Treatment Alternatives to Prison  
Continued Emphasis on Drug Courts*

*11. Offender Re-Entry Programs*

*12. Screening and Brief Treatments of Juvenile  
Offenders with MH and SA Problems*



# Data Systems



# ***Data Systems***

***13. Maintain legacy systems – but...***

***pilot Community Performance Measures as:***

- ***Early warning of new drugs & problems***
- ***Report Card for policy performance***



# National Demand Reduction Priorities FY11 - **\$151.3M**

	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Priority Area	Create a national, community-based prevention system to protect adolescents	Train and engage primary healthcare providers to intervene in emerging cases of drug abuse.	Expand, improve and integrate addiction treatment into Federal healthcare systems.	Develop safe and efficient ways to manage drug-related offenders.	Create a community-based drug monitoring system.
Funding Level	<b>\$22.6M</b>	<b>\$7.2M</b>	<b>\$44.9M</b>	<b>\$34.0M</b>	<b>\$42.6M</b>
Executing Agencies	HHS/SAMHSA DOJ; Education	HHS/SAMHSA; DOJ/DEA	HHS/SAMHSA; HHS/HRSA; HHS/Indian Health Service	HHS/SAMHSA; DOJ/OJP	HHS/SAMHSA; DOJ/OJP



**Thank You**